



Rental Housing Safety Program (RHSP) Unit/Room Fee Exemption/Correction Form

This form should only be filled out if you are requesting an exemption or to correct the total number of units located at your property.

A residential rental unit is defined as any building or portion thereof that is rented or is available for rent during the fiscal year and contains living facilities including provisions for sleeping, eating, cooking, and sanitation. A residential rental room is defined as a room that is rented or available for rent during the fiscal year and is used, or is designed or intended to be used, for sleeping for a period of 14 consecutive days or more and is not a complete dwelling unit or a tourist hotel room.

BE ADVISED:

- You will be billed annually based on the total number of Units/Rooms on your property, regardless of whether the unit(s) are rental or owner-occupied.
- Your bill will be adjusted once this form has been received and processed. The adjustment will apply for one billing cycle.
- Exemption request claiming units as vacant or owner occupied are required to be verified through a verification inspection. Failure to meet the inspector will nullify the exemption request.
- You should remit your payment based upon the total number of rental units.
- If the exemption is not granted you will be notified.

Property Information

Property Address: _____
 Owner Name: _____
 Mailing Address: _____
 Phone Number: (_____) _____
 Account (License) Number: _____ - _____ (please refer to your bill)

To Claim a Fee Exemption: (only complete applicable items)

- Number of **owner or family member occupied** is: Units _____ **OR** Boarding Rooms _____
 (Owner or family member occupy with no exchange of money/rent or services.)
- Total number of Units/Rooms that have been **continuously vacant** for over one year is: _____
- This **is not a rental property** as of _____ (date)
 (If any rental occurred during the previous Fiscal Year (July 1 – June 30), the fee is still due.)

To Correct the Account: (only complete applicable items)

- Total number** of Units/Boarding Rooms is: Units _____ **OR** Boarding Rooms _____
 (Total number of units or boarding rooms on the property, not the number that are rented.)
- I am **no longer the owner** of this property effective _____ (date)
 (The owner of record as of July 1st is responsible for the entire annual fee.)

I declare under penalty of perjury that the foregoing is true & correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____